



EMERGENCY MEDICAL DISPATCH CENTER LICENSE APPLICATION

For what license are you applying?

- ☐ 1. New EMD Center License (Complete all sections of this application)
☐ 2. Change in Center Name or Change in Base Location (Complete sections I, V)

Section I – EMD Center Information

A. EMD Center Name: _____ Center # (assigned by MEMS): _____

Mailing Address: _____ Shipping Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

County: _____ Business Telephone #: _____ Fax #: _____

E-mail: _____

EMD Card Set Used by the Center: ☐ Medical Priority Dispatch (NAED) ☐ PowerPhone ☐ Maine/NECI

B. Please indicate the type of organization that will hold the EMD Center license and check the legal status of the entity (a-h):

Legal name of entity that is applying for the license: _____

Federal Tax ID# (EIN): _____

- a. _____ Municipal Fire b. _____ Municipal EMS c. _____ Municipal Police/Public Safety d. _____ Other Municipal Gov't
e. _____ County Sheriff/Public Safety f. _____ Other County Gov't g. _____ State Police/Public Safety h. _____ Other State Gov't

Section II - Authorized Center Representatives (ACR)

List the names and telephone numbers of the EMD Director, as well as other Communications Supervisor(s) or other authorized representatives for the EMD Center.

1. EMD Director: _____ Telephone # - (Day): _____ (Night): _____

2. Alternate ASR: _____ Telephone # - (Day): _____ (Night): _____

3. Alternate ASR: _____ Telephone # - (Day): _____ (Night): _____

4. Alternate ASR: _____ Telephone # - (Day): _____ (Night): _____

Section III Quality Assurance/Quality Improvement

List, by position (e.g. Director/Chief, Communications Supervisor, EMD), the members of your EMD Center and any outside partners involved in your EMD Quality Assurance/Quality Improvement, and attach a description of your EMD Center's quality improvement program.



Section IV - Personnel

List the Maine EMS licensed EMD personnel for your EMD Center. Attach additional sheets if necessary.

Name	Maine EMD Lic.#		Name	Maine EMD Lic.#

Section V – Affiliation with Public Safety Answering Point

Attach a copy of a memorandum of understanding (MOU) or protocol approved by your designated PSAP and your EMD Center that sets forth the standards for transferring EMD calls to your Center.

Section VI – EMD Center Representative Endorsement

I hereby certify: that the foregoing statements are correct and true to the best of my knowledge and belief; that the EMD Center is eligible for licensure in accordance with the Maine EMS Rules and EMS Law (32 M.R.S.A. § 81 et seq); that the EMD Center possesses the required equipment as set forth in the Maine EMS Rules; and, that the personnel providing Emergency Medical Dispatch (EMD) on behalf of the EMD Center possess current and valid Maine EMS EMD licenses. Further, I request that the Maine EMS Board approve the Center's Quality Assurance/Quality Improvement Committee in accordance with 32 M.R.S.A. §92-A et seq.

Print Name of EMD Center Director: _____ Signature: _____ Date: _____

Have You:

**Completed the Application and Attached All Required Documentation?
Signed the Application?**

Mail your application package to:

**Maine EMS
152 State House Station
Augusta, ME 04333- 0152**

Tel. 207-626-3860